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|                                                                                           |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------|---------------------------------------|-----------------------|------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875         |                                                                                          |                                                                                                                                                                                                                                           |                                             | Application or Docket Number<br><b>10/826,684</b> | Filing Date<br><b>04/16/2004</b> | <input type="checkbox"/> To be Mailed |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <b>APPLICATION AS FILED – PART I</b>                                                      |                                                                                          |                                                                                                                                                                                                                                           |                                             | OTHER THAN<br>SMALL ENTITY                        |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| (Column 1)                                                                                |                                                                                          | (Column 2)                                                                                                                                                                                                                                |                                             | SMALL ENTITY <input type="checkbox"/>             | OR                               | SMALL ENTITY                          |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| FOR                                                                                       |                                                                                          | NUMBER FILED                                                                                                                                                                                                                              |                                             | NUMBER EXTRA                                      |                                  | RATE (\$)                             | FEE (\$)              | RATE (\$)              | FEE (\$)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                       |                                                                                          | N/A                                                                                                                                                                                                                                       |                                             | N/A                                               |                                  | N/A                                   |                       | N/A                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                      |                                                                                          | N/A                                                                                                                                                                                                                                       |                                             | N/A                                               |                                  | N/A                                   |                       | N/A                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                 |                                                                                          | N/A                                                                                                                                                                                                                                       |                                             | N/A                                               |                                  | N/A                                   |                       | N/A                    |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                          |                                                                                          | minus 20 =                                                                                                                                                                                                                                |                                             | *                                                 |                                  | X \$      =                           |                       | X \$      =            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                    |                                                                                          | minus 3 =                                                                                                                                                                                                                                 |                                             | *                                                 |                                  | X \$      =                           |                       | X \$      =            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                         |                                                                                          | If the specification and drawings exceed 100<br>sheets of paper, the application size fee due<br>is \$250 (\$125 for small entity) for each<br>additional 50 sheets or fraction thereof. See<br>35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                 |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                   |                                                                                          |                                                                                                                                                                                                                                           |                                             | TOTAL                                             | TOTAL                            | OTHER THAN<br>SMALL ENTITY            |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| (Column 1)                                                                                |                                                                                          | (Column 2)                                                                                                                                                                                                                                |                                             | (Column 3)                                        |                                  | SMALL ENTITY                          |                       | OR                     |             | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |            |  |
| AMENDMENT                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA                 |                                       | RATE (\$)             | ADDITIONAL<br>FEE (\$) | OR          | RATE (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ADDITIONAL<br>FEE (\$) |            |  |
|                                                                                           | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                                           | *                                           |                                                   | Minus                            |                                       | **                    | =                      | X \$      = | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X \$      =            |            |  |
|                                                                                           | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                                           | *                                           |                                                   | Minus                            |                                       | ***                   | =                      | X \$      = | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X \$      =            |            |  |
|                                                                                           | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
|                                                                                           | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        | OR          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
|                                                                                           |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       | TOTAL<br>ADD'L<br>FEE |                        | OR          | TOTAL<br>ADD'L<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |            |  |
| (Column 1)                                                                                |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             | (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | (Column 3) |  |
| AMENDMENT                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                |                                                                                                                                                                                                                                           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                                   | PRESENT<br>EXTRA                 |                                       | RATE (\$)             | ADDITIONAL<br>FEE (\$) | OR          | RATE (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ADDITIONAL<br>FEE (\$) |            |  |
|                                                                                           | Total (37 CFR<br>1.16(i))                                                                |                                                                                                                                                                                                                                           | *                                           |                                                   | Minus                            |                                       | **                    | =                      | X \$      = | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X \$      =            |            |  |
|                                                                                           | Independent<br>(37 CFR 1.16(h))                                                          |                                                                                                                                                                                                                                           | *                                           |                                                   | Minus                            |                                       | ***                   | =                      | X \$      = | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X \$      =            |            |  |
|                                                                                           | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
|                                                                                           | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        | OR          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
|                                                                                           |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       | TOTAL<br>ADD'L<br>FEE |                        | OR          | TOTAL<br>ADD'L<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |            |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.     |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             | Legal Instrument Examiner:<br><b>/BURNELL L. ROSS/</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |            |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |            |  |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             | This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                        |            |  |
| If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.   |                                                                                          |                                                                                                                                                                                                                                           |                                             |                                                   |                                  |                                       |                       |                        |             | If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |            |  |